Application date: Year 　　　 Month 　　 Date

TO: Toshiba Business Expert Corporation

General Affairs Section

Request for Personal Information Disclosure, etc.

■Applicant Information（For requests by representatives, please provide representatives’information）

|  |  |
| --- | --- |
| This is a request to | □ Your own personal information  □ Another person’s information  Relationship □Agent  □Legal representatives |
| Applicant Name |  |
| Telephone number |  |
| E-mail address |  |

I hereby make the following request concerning personal data held by Toshiba Tourist Corporation in accordance with the Act on the Protection of Personal Information.

１．Matters concerning the person to whom the personal data refers

|  |  |
| --- | --- |
| Name |  |
| Postal address | Postal code － |
| Telephone number | ( ) － (Telephone for daytime contact) |
| Details of the request  (Please circle the applicable number.) | 1. Disclosure of personal data  2. Notice of intended use of personal data 3. Correction of personal data 4. Addition of personal data  5. Deletion of personal data 6. Cessation of use of personal data 7. Cessation of disclosure to third parties  8. Disclosure of records of third party provision |
| **Note**: Please indicate the specific reason for your request. |
| Personal identity confirmation document | Please circle the document included with this form. |
| A. Driver's license (Reverse side also required if the address has changed) B. Passport  C. Health insurance card  D. Basic resident registration card with a photo attached E. Pension booklet F. Duplicate of the alien registration card  **Note**: Copy of one of the documents above, except that the original is required for F. |

2. Disclosure of personal data   
(Please indicate specifically the personal data items for which you request disclosure.)

|  |
| --- |
| Personal data items (name, postal address, telephone number, etc.) |
|  |

３．Correction of personal data  
(When requesting correction, please indicate the information to be corrected.)

|  |  |  |
| --- | --- | --- |
| Personal data item  (name, postal address, telephone number, etc.) | Before correction | After correction |
|  |  |  |

４．Addition of personal data  
（When requesting addition, please indicate the information to be added.)

|  |  |
| --- | --- |
| Personal data item  (name, postal address, telephone number, etc.) | Personal data to be added |
|  |  |

５．Deletion of personal data (When requesting deletion, please indicate the details.)

|  |  |
| --- | --- |
| Personal data item  (name, postal address, telephone number, etc.) | Personal data to be deleted |
|  |  |

６．Cessation of use of personal data or cessation of provision of personal data to third parties

(When requesting cessation of use of personal data or cessation of provision of personal data to third parties, please indicate the details.)

|  |
| --- |
| Specific product or service name, details of use, etc. of the product or service subject to cessation of use of personal data or cessation of provision of personal data to third parties |
|  |

【Fee】

Please enclose a postal money order for the fee below.

|  |  |
| --- | --- |
| Fee | \800 |

・No fee is necessary for requests for correction, addition, deletion, cessation of use, or cessation of provision to third parties.

・The requestor bears the cost of purchasing the postal money order and of postage to us.

【Please do not write in the space below.】

|  |  |
| --- | --- |
| Date Received | Month Day, Year |
| Personal identity confirmation document | A. Driver's license (Reverse side also required if the address has changed) B. Passport  C. Health insurance card  D. Basic resident registration card with a photo attached E. Pension booklet F. Duplicate of the alien registration card |
| Documents to Confirm  Authority as Agent/  Representative | A. Driver's license (Reverse side also required if the address has changed) B. Passport  C. Health insurance card  D. Basic resident registration card with a photo attached E. Pension booklet F. Duplicate of the alien registration card |
| Fee | □Attached　　□Not Enough　　□Not Attached　　□Fee-Free |
| Date of response | Month Day, Year |

|  |  |  |
| --- | --- | --- |
| Date | Office | Remarks |
|  |  |  |